U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1772	2. Fiscal Year Covered From:			
	1 / 1 / 2005 Through: 12 / 31 / 2005			
3. Name and address of person filing.	Name, file number, and address of labor organization.			
Name James J Miller	Name international Union of operating Engineers Loc			
	Labor Organization File Number 031			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 8360 mending Wall Dr.	Street 6200 Joliet road			
City Woodridge	City Countryside			
State Illinois ZIF Code + 4 60517	State Illinois ZIP Code + 4 60525			
5. Position in labor organization.  Assistant to the president				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.			
City ZIP Code + 4				
Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed  On 707/482-9800  Date  Telephone Number				
Form I M 20 (2002)	'			

Name of Person Filing James Miller		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer  11.a. Nature of such dealing.			
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.b. Approximate dollar values of interest heles.  12.a. Nature of interest heles.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name Missouri Valley Partners  Trade Name, if any:  P.O. Box, Bldg., Room No., if any P.O. box 16901  Street 135 N. Meramec Suit 500  City St Louis  State Missouri ZIP Code + 4 60315	or other thing of value.  14.a. Nature of payment.  02/05 lunch \$98.00,03/ lunch \$32.00,05/ golf and dinner \$82.00,06/ golf and dinner \$151.00,06/ lunch \$47.00,08/ golf \$200.00,09/ breakfast \$17.00,09/ drinks \$12.00 09/ dinner(with spouse) \$144.00.11/ golf \$222.,11/ golf\$206 11/dinner (& spouse) \$276.00			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment,		\$1,487	